

**Department of Health and Hospitals Newborn
Eligibility System
User Manual**

Revised: August 2008

Table of Contents

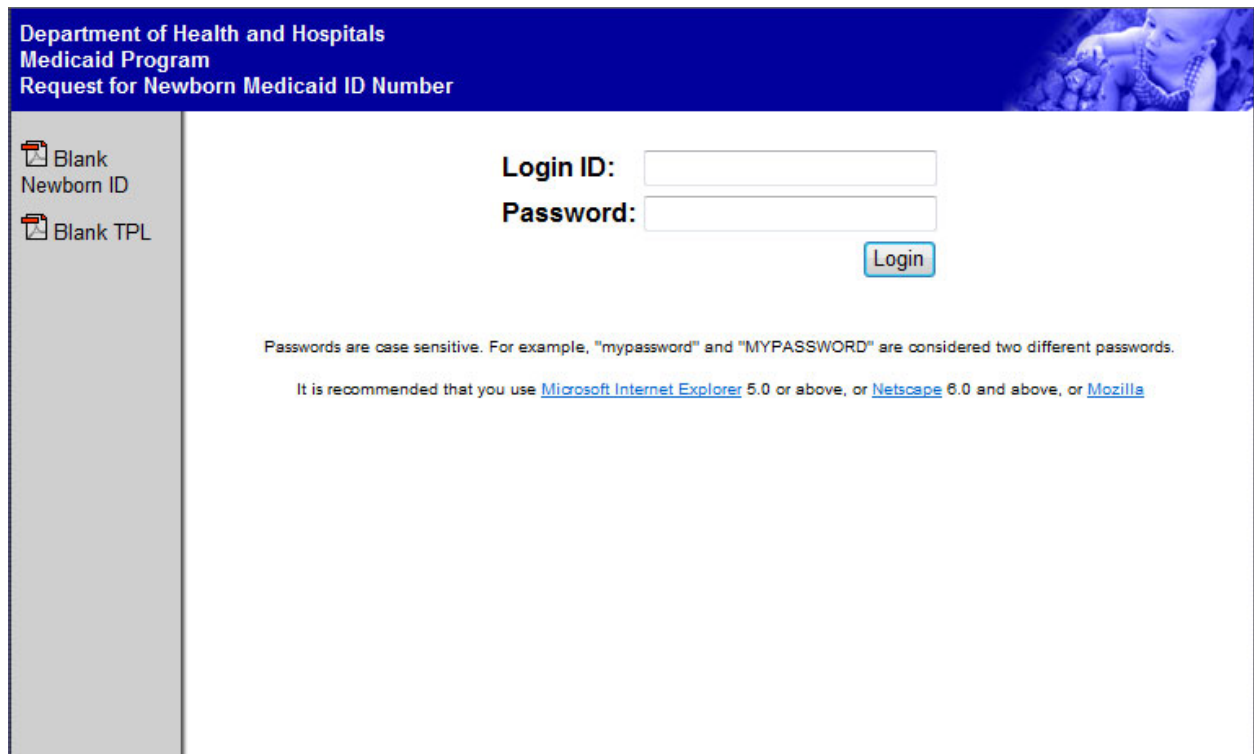
DHH Newborn Eligibility System	2
Login Process.....	2
Start a new form	2
No to the First Question, Yes to the Second Question	4
Newborn Eligibility ID Assignment Request form	4
Phone/Fax Fields	4
Date Fields.....	5
Physician and Pediatrician Information Areas	5
Doctor Auto-Fill.....	6
Additional Providers Information Areas	7
Complete Screen	8
Third Party Liability (TPL) Notification of Newborn Children Form	10
TPL Notification Input Screen	10
Hospital Information	10
Mother’s Information	10
Father’s Information	11
Newborn Information	12
Insurance Plan Information.....	12
Complete Screen	14
Resume TPL Notification	15
Your History	15
Questions or Comments	16

DHH Newborn Eligibility System

Login Process

The login process is very simple. Enter a valid ID and password to gain access to the DHH Newborn Eligibility System. The Login ID is entered into the Login ID field provided, and then the password. The password will appear as a series of hidden characters to prevent unauthorized persons from viewing the actual password.

Once both Login ID and password are entered, either click the login button or press enter. If any information is incorrect or invalid, you will be returned to the login screen and will be prompted to correct it before you may continue.



The screenshot shows the login interface for the Department of Health and Hospitals Medicaid Program. The header is a blue bar with the text "Department of Health and Hospitals", "Medicaid Program", and "Request for Newborn Medicaid ID Number". On the right side of the header is a small image of a baby. On the left side, there is a vertical grey bar with two links: "Blank Newborn ID" and "Blank TPL", each preceded by a small icon. The main content area is white and contains the following elements:

- Login ID:** A text label followed by a white input field.
- Password:** A text label followed by a white input field.
- Login:** A blue button with white text.
- Instructions:** A paragraph stating "Passwords are case sensitive. For example, 'mypassword' and 'MYPASSWORD' are considered two different passwords."
- Browser Recommendation:** A paragraph stating "It is recommended that you use [Microsoft Internet Explorer 5.0 or above](#), or [Netscape 6.0 and above](#), or [Mozilla](#)".

Start a new form

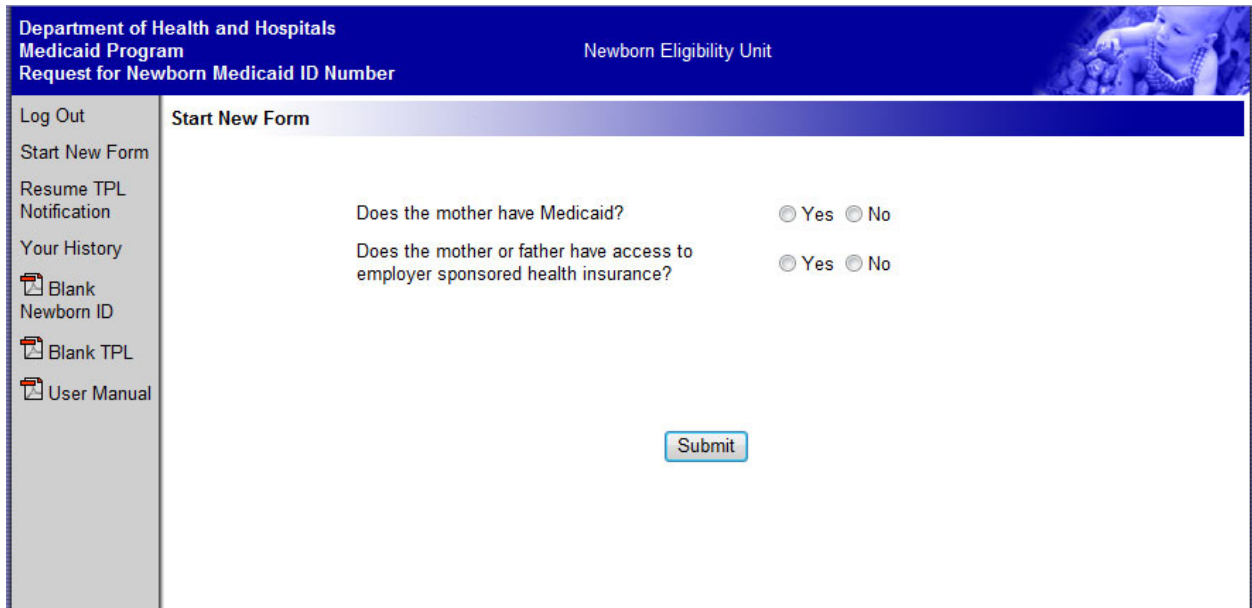
After completing the login process the user is prompted to answer two questions about the mothers Medicaid eligibility and the status of insurance for the mother or father. These two questions must be answered based on the applicant's current information. The user will be directed to complete

the Newborn Eligibility ID Assignment Request and/or a Third Party Liability (TPL) Notification of Newborn Children based on information provided.

Login Questions

Does the mother have Medicaid?

Does the mother or father have access to employer sponsored health insurance?



The screenshot shows a web application interface for the Department of Health and Hospitals, Medicaid Program, Newborn Eligibility Unit. The header is blue with white text. Below the header, there is a sidebar on the left with a grey background and a main content area with a white background. The sidebar contains links: Log Out, Start New Form, Resume TPL Notification, Your History, Blank Newborn ID, Blank TPL, and User Manual. The main content area has a blue bar at the top that says 'Start New Form'. Below this bar, there are two questions with radio button options: 'Does the mother have Medicaid?' with 'Yes' and 'No' options, and 'Does the mother or father have access to employer sponsored health insurance?' with 'Yes' and 'No' options. At the bottom of the main content area, there is a blue 'Submit' button.

Yes to Both Questions

When the answer is yes to both of these questions the user will be prompted to first complete a Newborn Eligibility ID Assignment Request form. Please refer to section 2.3 Newborn Eligibility ID Assignment Request form for directions on completion.

After successfully submitting a completed Newborn Eligibility ID Assignment Request form the user will be prompted to continue and complete a Third Party Liability (TPL) Notification of Newborn Children form. The TPL Notification of Newborn Children form is identified as a TPL form. The user may choose to fill out the TPL Notification of Newborn Children form at this time or resume later if additional information is needed from the client or to notify someone in your hospital to finalize completion of this process.

The screenshot displays a web application interface for the Department of Health and Hospitals, Medicaid Program, Newborn Eligibility Unit. The header is blue with white text. A sidebar on the left contains navigation links. The main content area has a white background with a blue border. It features a success message in bold black text, followed by a paragraph of regulatory text, and two buttons at the bottom right.

Department of Health and Hospitals
Medicaid Program
Request for Newborn Medicaid ID Number

Newborn Eligibility Unit

Log Out
Start New Form
Resume TPL Notification
Your History
Blank Newborn ID
Blank TPL
User Manual

152N has been successfully submitted. Press Continue to fill out the LaHipp form.

In accordance with the Department of Health and Hospitals, Third Party Liability-Newborn Notification Rule, the TPL Notification of Newborn Child(ren) form **shall be completed by the hospital and submitted within seven days of the birth of a newborn child.**

Continue Resume Later

No to the First Question, Yes to the Second Question

When the answer to the first login question is no but the answer to the second login question is yes the user will be prompted to complete a TPL Notification of Newborn Children form. Please see section 2.4 for directions to complete the TPL Notification of Newborn Children form.

Newborn Eligibility ID Assignment Request form

The Newborn Eligibility ID Assignment Request form provides a web interface for hospitals to quickly submit information to DHH. Each field is required to be answered before the form may be submitted.

Phone/Fax Fields

All fields which require phone numbers are setup to allow for quick entry. When entering a phone number, the system will automatically add in the appropriate formatting for the phone number. Each number should be in the format of 999 999-9999. the system will automatically jump from the area code to the main number once three characters are entered into the field.

Date Fields

All fields which require dates are setup to allow for quick entry. When typing a date, the system will automatically add in the appropriate formatting for the date. Each date should be in the format of MM/DD/YYYY.

Department of Health and Hospitals
Medicaid Program
Request for Newborn Medicaid ID Number

Newborn Eligibility Unit

Log Out
Start New Form
Resume TPL Notification
Your History
Blank Newborn ID
Blank TPL
User Manual

* Fields in red indicate that they are required.

Mother Information

Mother's Name (First, MI, Last)

Mother's Medicaid No.

Mother's DOB

Mother's SSN

Date of Admission

Mailing Address

City

State

Zip Code

Parish of Residence

Telephone

Upon release from the hospital, will the newborn live with the mother?

☐ YES
☐ NO

Child / Birth Information

Special Notes ☐ Twin A ☐ Twin B ☐ NICU ☐ Adoption -- Date of Mother's Discharge:

☐ Expired -- Date of Death: Other:

☐ Corrected (What is being corrected?)

Physician and Pediatrician Information Areas

Because the information in the Physician and Pediatrician fields may often be the same as the hospital's information, you may click the Use Hospital button above each area to quickly fill in the fields with the information already available in the system.

Similarly, if the information for either is the same as the other (Pediatrician same as Pediatrician and vice versa), you may click the Copy button above each area to copy the information already entered on the web page.

NO

Physician Information		Use Hospital	Copy Ped.
Find Doctor:	<div style="border: 1px solid #ccc; padding: 2px;">-- SELECT DOCTOR --</div>		
Name	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Phone	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Fax	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Address	<div style="border: 1px solid #ccc; height: 20px;"></div>		
	<div style="border: 1px solid #ccc; height: 20px;"></div>		
City	<div style="border: 1px solid #ccc; height: 20px;"></div>		
State	<div style="border: 1px solid #ccc; padding: 2px;">LA</div>		
Zip	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Pediatrician Information		Use Hospital	Copy Phys.
Find Doctor:	<div style="border: 1px solid #ccc; padding: 2px;">-- SELECT DOCTOR --</div>		
Name	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Phone	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Fax	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Address	<div style="border: 1px solid #ccc; height: 20px;"></div>		
	<div style="border: 1px solid #ccc; height: 20px;"></div>		
City	<div style="border: 1px solid #ccc; height: 20px;"></div>		
State	<div style="border: 1px solid #ccc; padding: 2px;">LA</div>		
Zip	<div style="border: 1px solid #ccc; height: 20px;"></div>		
Additional Providers			

Automatic Refresh in 13 minutes and 0 seconds

Local intranet

Doctor Auto-Fill

The system may have some of the doctors you commonly use predefined in the system. If there are any, they will be listed in the Find Doctor area for each associated doctor. Simply select the name of the doctor you wish to use; there will be small pause while the system retrieves the corresponding information.

Once the information is populated on your form, you may change it if necessary to reflect the specific needs for this filing. Any changes you make will only be associated for the current filing.

Phone

Fax

Address

City

State

Zip

Pediatrician Information Use Hospital Copy Phys.

Find Doctor:

Doctor:

Name

Phone

Fax

Address

City

State

Zip

Additional Providers

☐ Include Additional Providers

Facility Representative Information

Representative Name

Phone Number

Automatic Refresh in 19 minutes and 26 seconds Local intranet

Additional Providers Information Areas

Because the information in the Additional Providers fields may not be used for every filing, the fields will be hidden by default. To enter information in these fields, click the Include Additional Providers check box and the fields will be displayed.

If the check box is not checked, then the fields will be hidden and any data already entered into them will not be submitted with the filing. The check box must be checked for any Additional Provider data to be submitted with the filing. Once data is entered into any field for an additional provider, the rest of the fields for that provider will become mandatory.

City

State LA

Zip

Additional Providers

☒ Include Additional Providers

Find Doctor: -- SELECT DOCTOR --

Name

Phone

Fax

Address

City

State LA

Zip

Find Doctor: -- SELECT DOCTOR --

Name

Phone

Fax

Address

City

State LA

Zip

Automatic Refresh in 19 minutes and 24 seconds

Local intranet

Complete Screen

Once all the required fields have been filled in and the form has been submitted, the user will receive a message that the Newborn Eligibility ID Assignment Request form has been successfully submitted.

If it was not successful for any reason, they will be returned to the input page to correct the problem.

The user will be given the option to continue to complete the Third Party Liability (TPL) Notification of Newborn Children form or resume later.

To resume completion of the Third Party Liability (TPL) Notification of Newborn Children later simply click the "Resume TPL" link in the left menu and select the form you wish to resume.

Department of Health and Hospitals
Medicaid Program
Request for Newborn Medicaid ID Number

Newborn Eligibility Unit

Log Out
Start New Form
Resume TPL Notification
Your History
Blank Newborn ID
Blank TPL
User Manual

152N has been successfully submitted. Press Continue to fill out the LaHipp form.

In accordance with the Department of Health and Hospitals, Third Party Liability-Newborn Notification Rule, the TPL Notification of Newborn Child(ren) form **shall be completed by the hospital and submitted within seven days of the birth of a newborn child.**

Continue
Resume Later

If for some reason the user needs to correct information on the filing just submitted, they may click the back button and the previously entered data will be displayed on the screen, including the mother and child's information. It is important that this only be done to correct the previous filing and then resubmit. If the user is submitting a correction, they need to be sure to click the "2nd Request" option in the Child / Birth Information section to help identify updated filings.

NO

Child / Birth Information

Special Notes

☐ Twin A
☐ **2nd Request**
☐ Other:

☐ Twin B
☐ Corrected Copy

☐ Adoption
☐ NICU

Child's Name

Child's DOB

Third Party Liability (TPL) Notification of Newborn Children Form

TPL Notification Input Screen

The TPL Notification of Newborn Children Input Screen like the Newborn Eligibility ID Assignment Request Input Screen provides a web interface for filling out the TPL Notification of Newborn Children form quickly by individual hospitals that have access to the system. Each field indicated in red is a required field. The user will notice that some fields already populated on the completed Newborn Eligibility ID Assignment Request form will automatically populate.

Hospital Information

Hospital information may populate via information completed on the Newborn Eligibility ID Assignment Request form. Phone/fax fields are setup to allow for quick entry. Date fields require MM/DD/YYYY format. The Hospital Name, Contact Person and Phone Number are required.

The screenshot shows a web application interface for the Department of Health and Hospitals, Medicaid Program, specifically for the Third Party Liability (TPL) Notification of Newborn Children. The header is blue with white text. On the right, it says 'Newborn Eligibility Unit' next to a small image of a newborn. A left sidebar contains navigation links: 'Log Out', 'Start New Form', 'Resume TPL Notification', 'Your History', 'Blank Newborn ID', 'Blank TPL', and 'User Manual'. The main content area has a blue header 'Hospital Information'. Below this, a red asterisk note states '* Fields in red indicate that they are required.' The form fields include: 'Date' (08/06/2008), 'Hospital Name' (red text, empty field), 'Phone Number' (red text, empty field), 'Contact Person' (red text, empty field), 'Contact Person Email' (empty field), 'Was the newborn delivered in your facility?' (radio buttons for Yes/No), 'Facility Provider No.' (empty field), 'Admission Date of Newborn Child' (empty field), 'Discharge Date' (empty field), 'Attending Provider Name' (empty field), 'Will the attending provider accept health insurance as Primary and Medicaid as Secondary?' (radio buttons for Yes/No), 'Was the newborn discharged to another facility?' (radio buttons for Yes/No), 'If yes, Facility Name:' (empty field), and 'Telephone No:' (empty field).

Mother's Information

Some information on the mother will populate via the information already supplied on the Newborn Eligibility ID Assignment Request form. The user should verify populated information

for accuracy and update accordingly. Required information in this section includes whether the mother is currently covered by Medicaid or not and whether she will enroll the newborn into the available employer sponsored health insurance plan. Enrollment within many employer sponsored health plans must occur within thirty days of birth therefore accurate contact information is extremely important.

Mother's Information			
Name	<input type="text"/>		
Date of Birth	<input type="text"/>	SSN	<input type="text"/>
Mailing Address	<input type="text"/>		
City, State Zip	<input type="text"/>	LA	<input type="text"/>
Phone Number	<input type="text"/>		
Is the mother covered by medicaid?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Applied?	<input type="radio"/> Yes <input type="radio"/> No
Will you enroll your newborn in your employer sponsored insurance plan?	<input type="radio"/> Yes <input type="radio"/> No	Date Applied	<input type="text"/>
Mother's Employment			
Employer	<input type="text"/>		
Telephone #	<input type="text"/>		

Father's Information

The father's name is the only required information within this section. The father can be the policyholder for the private insurance. Enrollment of the newborn within the employer sponsored health insurance may need to occur within thirty days of birth therefore accurate contact information is extremely important.

Father's Information	
Name	<input type="text"/>
Date of Birth	<input type="text"/> SSN <input type="text"/>
Mailing Address	<input type="text"/>
City, State Zip	<input type="text"/> <input type="text"/> <input type="text"/>
Phone Number	<input type="text"/>
Is the father covered under health insurance coverage? <input type="radio"/> Yes <input type="radio"/> No	
Name of Insurance Company	<input type="text"/>
Father's Employment	
Employer	<input type="text"/>
Telephone #	<input type="text"/>

Newborn Information

Some information on the newborn(s) will automatically populate via the information supplied on the Newborn Eligibility ID Assignment Request form. The user should verify the accuracy of the newborn(s) name (first, last), date of birth, birth-weight (lbs, oz), and sex. Other information in this section needing verification includes whether the newborn(s) is adopted, NICU or multiple births. Accurate birth-weight in pounds and ounces is extremely important.

New Born #1			
Name on Birth Certificate			
First	<input type="text"/>	Middle	<input type="text"/>
Birth Date	<input type="text"/>	Birth Weight (lbs)	<input type="text"/>
Race	<input type="text"/>	Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female
Gestation Age	<input type="text"/>	Adopted	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Births	<input type="radio"/> Single <input type="radio"/> Multiple
		NICU	<input type="radio"/> Yes <input checked="" type="radio"/> No

Insurance Plan Information

Hospitals are required to notify the Department of Health and Hospitals within seven days of the birth of any child who may meet eligibility provisions for the Medicaid Program. It is imperative that accurate information is obtained regarding insurance availability for the newborn child due to time constraints for enrollment within the insurance. Verification of insurance coverage for the mother is required. The following information pertaining to the insurance coverage for the

mother is also required. The name of the insurance company, address, phone number and the member and group number are all required. Primary and secondary (if applicable) plan information must be obtained. All required fields must be completed before successfully submitting the TPL Notification.

Health Insurance - Primary Plan			
Is mother covered under any health insurance coverage? <input checked="" type="radio"/> Yes <input type="radio"/> No			
(If the parent(s) have more than one insurance plan, please provide information related to the second plan below.			
Name of Insurance Company	<input type="text"/>		
Address	<input type="text"/>		
City, State Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group No.	<input type="text"/>	Member No.	<input type="text"/>
Phone	<input type="text"/>		
The Mother is the: <input type="radio"/> Employee <input type="radio"/> Dependent Spouse <input type="radio"/> Individual Policy Holder			
Health Insurance - Secondary Plan			
Name of Insurance Company	<input type="text"/>		
Address	<input type="text"/>		
City, State Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group No.	<input type="text"/>	Member No.	<input type="text"/>
Phone	<input type="text"/>		
The Mother is the: <input type="radio"/> Employee <input type="radio"/> Dependent Spouse <input type="radio"/> Individual Policy Holder			
Insurance Notification			
Provide us with the address and name of person the insurance company that this notification will be mailed to:			
Company Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Address	<input type="text"/>		
City, State Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>		
Fax Number	<input type="text"/>		
<input type="button" value="Submit"/>			

Complete Screen

Once all the required fields have been completed and the form has been submitted, the user will be able to view or print the completed form. To view the completed form, the user may click on the “Click here to view the completed form” link on the success page. The form will be displayed as a PDF (Portable Document Format). In order to view PDF’s, the user must have Adobe Acrobat Reader installed on the local machine. The latest version of Acrobat Reader can be downloaded for free at:

<http://www.adobe.com/products/acrobat/readstep2.html>

Department of Health and Hospitals
Medicaid Program
Request for Newborn Medicaid ID Number

Newborn Eligibility Unit

Log Out
Start New Form
Resume TPL Notification
Your History
Blank Newborn ID
Blank TPL
User Manual

[Click here to view or print the completed form.](#)

[Click here to start a new form.](#)

The user can also click on the “Click here to start a new form”. This link will take you back to the Start Form page.

Department of Health and Hospitals
Medicaid Program
Request for Newborn Medicaid ID Number

Newborn Eligibility Unit

Log Out
Start New Form
Resume TPL Notification
Your History
Blank Newborn ID
Blank TPL
User Manual

Does the mother have Medicaid? ☐ Yes ☐ No

Does the mother or father have access to employer sponsored health insurance? ☐ Yes ☐ No

Submit

Questions or Comments

Please submit any questions or comments that you may have regarding this system to the following:
1-888-342-6207